UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY
TUBERCULIN STATUS FORM

Student Name: _____

The person presenting this form is a student enrolled in the Doctor of Pharmacy program at the University of Pittsburgh and is required to have documentation of tuberculin status to engage in patient care activities. ***Either a two-step tuberculin skin test (TST) screening or a TB blood test is to be completed by an appropriate health care provider.*** Pitt Student Health Service can perform these tests at a reduced cost for our students.

Part I: TB Testing

TEST	DATE	CIRCLE ONE	IF POSITIVE RESULT
2-STEP TST Date #1 Implanted → Date #1 Read → Date #2 Implanted → Date #2 Read →	_____ _____ _____ _____	Negative Positive ↓ ____mm induration If positive see physician and obtain chest x-ray (CXR)	*(Circle One)* ____CXR date/results Negative Positive If CXR is positive, please include a letter indicating that: • The student is under medical care • Treatment has been addressed • The student poses no health risk and may engage in patient care activities.
TB Blood Test ***QUANTIFERON Gold*** Blood test performed →	_____	Negative Positive ↓ If positive see physician and obtain chest x-ray (CXR)	*(Circle One)* ____CXR date/results Negative Positive If CXR is positive, please include a letter indicating that: • The student is under medical care • Treatment has been addressed • The student poses no health risk and may engage in patient care activities.

I have reviewed the laboratory test results and it is my estimation that the student poses no tuberculin health risk and is able to participate fully in patient care activities.

Signature_____ Date_____

Name (Please Print)_____ Phone/Email_____

Address_____

Part II: TB Symptom Questionnaire [for students with prior positive TB skin tests, previous TB treatment, or allergic reaction to Mantoux solution]

Additional TB skin tests are not recommended; baseline CXR is required The student should complete the questions below and be aware of the following symptoms, and if answers are "yes" to any of these questions, report them to Student Health services and their physician immediately.		
Productive cough lasting longer than 3 weeks duration?	Yes	No
Coughing up blood-streaked sputum/or have chest pain while coughing?	Yes	No
Unexplained night sweats, fever, fatigue, loss of appetite, or weight loss?	Yes	No

I have read and understand the above.

Signature_____ Date_____

Name (Please Print)_____ Phone/Email_____

STUDENT: PLEASE UPLOAD THIS FORM TO YOUR CASTLEBRANCH PROFILE:
https://www.castlebranch.com

Sept 2016